

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10/709472

**FLUNG DATE**

**APPLICANT(S)**

## CLAIMS

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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50						
TOTAL IND	5					
TOTAL DEP	13					
TOTAL CLAIMS	20					

# GET THE BEST